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OCT 12 2005

Examiner: Quynh H. Nguyen Group: 2642

Date: October 12, 2005

Client Code: 3970.1000-000

Facsimile No.: 571-273-8300

From: David J. Thibodeau, Jr.

Subject: Paper: Supplemental Amendment  
Amendment/Reply Fee Letter  
Declaration of Scott Wolmuth w/attachment (8 pages)  
Information Disclosure Statement  
PTO Form 1449 ( 1 page)

Docket No.: 3970.1000-000

Applicants: Scott Wolmuth

Serial No.: 10/063,990

Filing Date: May 31, 2002

Number of pages including this cover sheet: 26Please confirm receipt of facsimile: Yes X No     

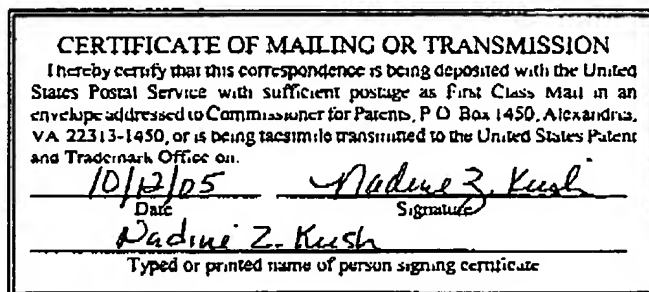
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DJT/nzk/(dc)  
10/12/05

DOCKET NO. 3970.1000-000

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Scott Wolmuth  
Application No.: 10/063,990 Group: 2642  
Filed: May 31, 2002 Examiner: Nguyen, Quynh H.  
Confirmation No.: 3829  
For: Criteria Based Marketing for Telephone Directory Assistance



Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is Supplemental Amendment for filing in the above-identified application.

- [ ] Small entry status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entry Statement previously submitted.
- [ ] A Small Entry Statement to establish small entry status under 37 C.F.R. 1.9 and 1.27 is enclosed.

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0/063,990

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The claims fee has been calculated as shown below:

|  |                                  |       |                                 |               | SMALL ENTITY  |            | OTHER THAN SMALL ENTITY |             |            |
|--|----------------------------------|-------|---------------------------------|---------------|---------------|------------|-------------------------|-------------|------------|
|  | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE          | ADDIT. FEE | OR                      | RATE        | ADDIT. FEE |
| TOTAL  | 37                               | MINUS | = 20                            | 17            | X \$ 25       | \$ 425     |                         | X \$50      | \$         |
| IN DEP   | 4                                | MINUS | ** 3                            | 1             | X \$100       | \$ 100     |                         | X \$200     | \$         |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |                                  |       |                                 |               | + \$180       | \$         |                         | + \$360     | \$         |
|  |                                  |       |                                 |               | TOTAL= \$ 525 |            |                         | TOTAL= \$ 0 |            |

\* not fewer than 20  
\*\* not fewer than 3

The Application Size Fee has been calculated as shown below:  
(Effective for cases filed on or after December 8, 2004)

|  |  |  | SMALL ENTITY |                   | OTHER THAN SMALL ENTITY |                   | Payment Sufficient for up to<br><br>[ ] Sheets |
|--|--|--|--------------|-------------------|-------------------------|-------------------|--|
| Actual Sheets Including current amendment) | Highest No of Sheets Paid For (At least 100) | No. of Additional Units Required (Increments of 50 sheets) | Rate         | Total Amount Owed | Rate                    | Total Amount Owed |  |
|  |  |  | X \$125      | \$[ ]             | X \$250                 | \$[ ]             |  |

### Petition for Extension of Time

- [ ] Applicant hereby petitions to extend the time to respond to the [ ] dated [ ] for [ ] month(s) from [ ] to [ ]. The appropriate fee is set forth below.
- [ ] [For action-specific language in an extension of time, go to insert, file, public folders, firm templates, and select the appropriate paragraph.]

.10/063,990

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**Please charge Deposit Account No. 08-0380 for the following fees:**

|                                     |   |               |
|-------------------------------------|---|---------------|
| <input type="checkbox"/>            | Petition for [            ] month Extension of Time | \$ _____      |
| <input checked="" type="checkbox"/> | Claims Fee  | \$ <u>525</u> |
| <input type="checkbox"/>            | Application Size Fee                                | \$ _____      |
| <input checked="" type="checkbox"/> | Other Fees:   |               |
|                                     | <u>Information Disclosure Statement</u>             | \$ <u>180</u> |
|                                     |   | \$ _____      |
|                                     | <b>TOTAL:</b>                                       | \$ <u>705</u> |

**A check is enclosed in payment of the following fees:**

|                          |  |    |       |
|--------------------------|--|----|-------|
| <input type="checkbox"/> | Petition for two-month Extension of Time | \$ | _____ |
| <input type="checkbox"/> | Claims Fee                               | \$ | _____ |
| <input type="checkbox"/> | Application Size Fee                     | \$ | _____ |
| <input type="checkbox"/> | Other Fees:                              |    |       |
|                          | _____                                    | \$ | _____ |
|                          | _____                                    | \$ | _____ |
|                          | <b>TOTAL:</b>                            | \$ | 0     |

**[X]** Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Michael J. Badzinski  
 Michael J. Badzinski  
 Registration No.: 51,425  
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 Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Date: 10/12/08